contrary to earlier work by the same group,[1 2] though these past results are said to be due to the use of a no treatment control group. General practitioners are being asked to deal increasingly with their own patients' drug use, particularly of alcohol and tobacco, and the advocacy of brief therapy has helped to dispel some of their concerns about unmanageable workloads. The results of this paper need to be dealt with cautiously so as not to negate the value of brief therapy in general.

Firstly, perhaps an explanation of these findings can be found by looking at the concept of dependence. With alcohol, clients who exhibit low levels of dependence respond well to brief therapy, the more dependent drinkers requiring more intensive therapy.[3] Dependence on nicotine can develop rapidly and it is safe to assume that the smokers in this study were dependent. The results are thus comparable to those found with alcohol.

Secondly, the nature of the intervention is important. Self help manuals used for alcohol tend to be fairly detailed and include exercises leading to the patient making informed decisions about drug use after considering the costs and benefits of various options. This contrasts with the advice to patients in this smoking study simply to stop smoking. In addition self help manuals usually contain exercises on self monitoring, identifying and coping with high risk situations, and dealing with relapse. It would be worth contrasting these manuals with the leaflet described by Russell and his colleagues. One study[4] showed that the accurate empathy of the therapist conducting brief interventions was predictive of success, and I wonder if advice to smokers to stop smoking is sufficient to communicate such empathy.

The work of Russell and his colleagues has inspired much endeavour. I sincerely hope that the latest paper is seen as reflecting the difficulties inherent in dealing with smokers and not as an indictment of brief interventions per se.

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## Teaching general practitioners

SIR,—The situation in which Dr M N J Ruscoe finds himself in Cornwall (7 November, p 1175) is very different from the situation here. As general practitioner tutor for North Birmingham, I have an active committee which helps me to plan the regular weekly general practitioner meetings. The committee consists of a past general practitioner tutor, the present tutor, two interested general practitioners (one of whom is a member of the Royal College of General Practitioners faculty board), a new principal, and a dentist. If I cannot chair a meeting myself a member of the committee is always willing to stand in for me.

The clinical tutor at Good Hope General Hospital has delegated general practice education in my direction. So far I have not really required his help in organising a suitable programme for our meetings. It is, however, nice to know that he is available should I need to consult him. My job is made much easier by the enthusiastic help I have from the secretarial staff in the postgraduate medical centre.

I feel that the solution recommended by Dr Ruscoe of combining the work of the general practitioner tutor with the tasks of the team of course organisers is not viable. Teaching existing general practitioners, some of whom are very set in their ways, is a very different matter from teaching young energetic trainees.

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## Children born near Seascale

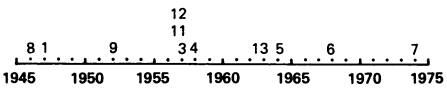
SIR,—It is not clear how Dr Richard Wakeford's latest presentation of the Sellafield data adds to the current debate over their interpretation (21 November, p 1347).

One of the questions at issue is the possible connection between leukaemia and exposure in utero to radioactivity discharged during the 1957 Windscale fire (24 October, p 1066). In concentrating exclusively on the 0-15 year age group in Seascale village alone Dr Wakeford's tabulation omits three children identified by Sir Douglas Black as having died from leukaemia in the immediate area and as likely to have been in utero at the time of the fire.[1] One patient (case 4, diagnosis at age 20) was born in Seascale, whereas the others (cases 11 and 12) were born elsewhere in Millom rural district (diagnosis at age 16 and 11 respectively).

Firstly, the restriction of Dr Wakeford's analysis to the 0-15 year age group belies the existing uncertainties over the carcinogenic effects of prenatal irradiation. Laboratory work is still in its infancy,[2] while human population studies leave unresolved the question of the age at which excess risk may be greatest.[3] Empirical data ought not to be excluded on the basis of assumptions the validity of which remains to be established.

Secondly, given the raised incidence of leukaemia in young people in Millom as a whole,[1] Dr Wakeford's omission of cases outside Seascale must be queried. Case 2 in Dr Wakeford's tabulation, however, should have been excluded, since this child was born outside the district in question and therefore could not have been affected in utero by radiation from the plant.

The amended tabulation is shown in the figure and draws on the original data presented in figure 2.2b of the Black Report.[1]




Year of birth of cases of leukaemia in young people (aged 0-24 at diagnosis) born in Seascale and Millom district.

Dr Wakeford further points to the different age distributions for leukaemia in the young populations of Seascale village and Millom district. There remain many questions about the patterns of child cancer around nuclear installations. Some of the issues will never be resolved to fully Popperian specifications. Nuclear installations in the United Kingdom have been discharging a very large number of radionuclides in different quantities over a very long period via both marine and airborne routes, and as a result Dr Wakeford should expect neither uniform patterns nor universal explanations.

The incidence of child leukaemia in Seascale is undeniably exceptional.[4] Dr Wakeford has repeatedly insisted[5-8] that any causal explanation must account for the apparent limited geographical confinement of the cancer excess to Seascale and not to other coastal wards. This argument is undermined, however, by the evidence of a raised incidence in these areas of child cancers other than leukaemia. There are 675 electoral wards in the north west of England. When ranked by Poisson probability for the incidence of child cancer, four of the top 10 wards are found to be on the Cumbrian coast (Seascale, Wampool, Bootle, and Barrow Island). Urquhart and Cutler calculate that the probability of such a distribution occurring by chance is less than 1 in 700.[9]

Of course, there remain uncertainties and ambiguities in the epidemiology. As I pointed out, however, the margins of error in the radiobiological calculations in the Sellafield risk assessment are extensive (24 October, p 1066). Dr Wakeford scrutinises the epidemiology while neglecting the problems of radiobiological theory. Implicit in this position—and in that of the Black Report—is a paradox: should the epidemiological evidence grow stronger the greater would be the disagreement with radiobiological theory, and therefore the less likely should be any connection with radiation. Since this paradox was first pointed out,[10] several studies have uncovered possible raised risks of child leukaemia around nuclear installations.[10-12] Thus the paradox is now acute.

Dr Wakeford is in danger of missing the wood for the trees. Given that the pattern of child cancer around Sellafield is most unlikely to have occurred by chance, that it manifestly could have been caused by ionising radiation, and that we know of no other cause, then it would seem at least prudent to give the benefit of the doubt to the local populace and not, as it has been, to the nuclear industry.

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## Medical confidentiality in child sexual abuse

SIR,—A recent case raised even more complex issues than those mentioned by Dr Roger Williams and his colleagues (21 November, p 1315) in their article on child abuse.

A 14 year old girl of Asian origin, unhappy in school and taking analgesics for vague complaints, had told a teacher in strict confidence that she had been sexually abused about four years previously by an uncle who had claimed to have sexually abused other young girls and now had teenage daughters of his own.